FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033953 (9)**

1. Corporation Name

PINNACLE HOMES, INC.

Principal Place of Business	Mailing Address
924 CHESTWOOD AVE TALLAHASSEE FL 32303	P. O. BOX 37249 TALLAHASSEE FL 32315-7249 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/11/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 3701 DORSET WAY
22: Suite, Apt. #, etc.
23: City & State: TALLAHASSEE FL
24: Zip: 32303
25: Country: US.

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-3186746** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WALTON, NEDRA
3701 DORSET WAY
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

91 Name: WILLIAM DAVID H. WALTON
92 Street: H
93: **William H. Walton**
3701 Dorset Way
Tallahassee, FL 32303
94 City: FL
95 Zip Code: 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] PRES WILLIAM H. WALTON 4/23/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☐ Change ☐ Addition
NAME	WALTON, WILLIAM H	12 NAME		
STREET ADDRESS	3701 DORSET WAY	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP		
TITLE	DVS	21 TITLE	DELETE	☒ Change ☐ Addition
NAME	WALTON, NEDRA	22 NAME		
STREET ADDRESS	3701 DORSET WAY	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	S	☐ Change ☒ Addition
NAME		32 NAME	DAVID H. WALTON	
STREET ADDRESS		33 STREET ADDRESS	1555 DELANEY DR. # 613	
CITY-ST-ZIP		34 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	DON STARK	
STREET ADDRESS		43 STREET ADDRESS	1511 ALSHIRE CT. N.	
CITY-ST-ZIP		44 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] WILLIAM H. WALTON 4/23/95 562-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040001 FP